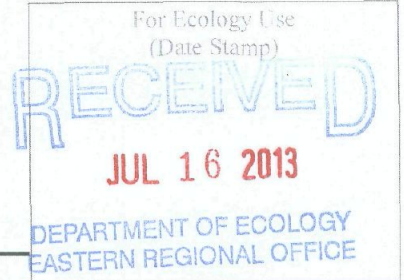


Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☒ Other (i.e. consolidation, intertie, trust water)

Explain: Add Place of Use

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>7-7-2013</u>
CHECK NO. _____	FEE \$ <u>waived</u>
DATE ACCEPTED	<u>7-7-2013</u> BY _____
CHANGE NO.	<u>ADAM-13-03</u>
COUNTY _____	WRIA _____
SPECIAL AREA _____	
SEPA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: <u>001-002-WR10285-000011</u>	
APP NO. _____	PERMIT NO. _____
CERT NO. _____	CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
McCain Foods USA, Inc.	(800) 938-7799	
ADDRESS		
PO Box 607		
CITY	STATE	ZIP CODE
Othello	WA	99344
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Aspect Consulting, Dan Haller	(509) 895-5462	
ADDRESS		
123 E. Yakima Ave., Ste. 250		
CITY	STATE	ZIP CODE
Yakima	WA	98901
EMAIL ADDRESS (IF AVAILABLE)		
dhaller@aspectconsulting.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
4671-A	Chicago, Milwaukee, St. Paul & Pacific R.R. Co.
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – (Please see “6. Remarks...” for further information)	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. (see attached Table)

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
McCain Well 2		NW	NW	34	16 N.	29 E.W.M.	1529030681008	AAS230

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
McCain Well 2 (existing)		NW	NW	34	16 N.	29 EWM	1529030681008	AAS230
McCain Well 1 (existing)		NW	NW	34	16 N.	29 EWM	1529030680289	Well log attached
McCain Well 3 (proposed)			SW	33	16 N.	29 EWM		
McCain Well 4 (proposed)		N½	N½	33	16 N.	29 EWM		
Othello City Well #2 (existing)			NW	3	15 N	29 EWM	1529030502001	AFL224
Othello City Well #3 (existing)		SE	SE	34	16 N	29 EWM	1529030680212	ABS088
Othello City Well #4 (existing)		NE	SE	3	15 N	29 EWM	1529030680208	AEL069
Othello City Well #5 (existing)		SE	SW	3	15 N	29 EWM	1529030680297	AFL223
Othello City Well #6 (existing)		NE	NE	4	15 N	29 EWM	1529030502509	ABR235
Othello City Well #7 (existing)		SE	SE	9	15 N	29 EWM	1529031042163	AAP562
Othello City Well #8 (existing)		SW	SW	26	16 N	29 EWM	2100450692350	AAS228
Othello City Well #9 (proposed)		SE	SW	36	16 N	29 EWM	2100450781014	
Othello City Well #10 (proposed)			NW	27	16 N	29 EWM		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: City of Othello

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Manufacturing and domestic supply	700	445	continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The point of beginning is 30 feet south and 30 feet east of the northwest corner of Sec. 34, T. 16 N., R. 29 E.W.M, thence 90°00' east 670 feet, thence 90°00' south 668 feet, thence west 90°00' 670 feet, thence 90°00' north 668 feet to the point of beginning.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Adams		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
N½SW¼NW¼ and the NW¼NW¼ of Section 34, T. 16 N., R. 29 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

		16	29	Adams		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
IF NO, PROVIDE OWNER(S) NAME: _____						

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
<input checked="" type="checkbox"/> ES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>Water Right No. G3-00246C.</u>	

6. Remarks and Other Relevant Information:

McCain Foods proposes to add an existing well, add two new wells located within McCain owned property, add existing City of Othello wells, and correct the place of use under this change application.
Note: Although named differently in water right files in the past, McCain refers to Well 2 as the old well, which is authorized both under Certificate 4671-A and G3-00246C. Well 1 is the name associated with newest well, which is authorized under G3-00246C by virtue of a showing of compliance filed in 2003 (see attached).
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>JEREMY HOPKINS SUBMITTER</u> Applicant Printed Name – Title	<u>[Signature]</u> Applicant Signature	<u>7/11/13</u> (Date)
<u>JEREMY HOPKINS</u> Water Right Holder Printed Name	<u>[Signature]</u> Water Right Holder Signature	<u>7/11/13</u> (Date)
<u>JEREMY HOPKINS</u> Land Owner of Existing Place of Use Printed Name	<u>[Signature]</u> Land Owner of Existing Place of Use Signature	<u>7/11/13</u> (Date)
<u>JEREMY HOPKINS</u> Land Owner of Proposed Place of Use Printed Name	<u>[Signature]</u> Land Owner of Proposed Place of Use Signature	<u>7/11/13</u> (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____